

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **9711**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1145**

1. PLACE OF DEATH:

- (a) County **Jackson**
(b) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Irving Fullerton Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 1/2 days**
(Specify whether

In this community
years, months or days) **No**

3. (a) PRINT FULL NAME **Amy Myrtle Lacy**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **female**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **George L Lacy**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **May 8th 1885**
(Month) (Day) (Year)

8. AGE: Years **54** Months **10** Days **5** If less than one day
hr. min.

9. Birthplace **Bates** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

- MOTHER FATHER
12. Name **Samuel Marshall**
13. Birthplace **unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Leatha Tuttle**
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **George Lacy**

(b) Address **Amsterdam Mo**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **3 14 40** (Month) (Day) (Year)

(c) Place: burial or cremation **Crescent Hill**

18. (a) Signature of funeral director **Arthur J Mangold**

(b) Address **Amsterdam Mo**

19. (a) **3-13-40** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo** (b) County **Bates**
(c) City or town **Amsterdam**
(If outside city or town limits, write "RURAL")
(d) Street No. **none**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13th**
year **1940** hour **10** minute **40 a. m.**

21. I hereby certify that I attended the deceased from **March 7**, 19**40**, to **March 13**, 19**40**
that I last saw him alive on **March 13**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Post operative**
No complication

Due to **Chronic urticaria**

Other conditions (Include pregnancy within 3 months of death) **13th**

Major findings: Of operations

Of autopsy **Ruptured water extravasation of urine**

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Nature of injury

23. Signature **Paul A. Grubel** (M. D. or other)

Address **Kansas City Mo** Date signed **3/14/40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lee G. Mangold....., Registered Apprentice No.....
working under my personal supervision.

Signed Lee G. Mangold.....

Licensed Embalmer No. 5610

P. O. Address Austrian W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Registrar's No. 7793

2. USUAL RESIDENCE OF DECEASED:

Address 315 Alameda Ave Date signed 8/3/

(Licensed Embalmer's Statement on Reverse Side)

1940
S-9711

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.